This Page Is Inserted by IFW Operations and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

As rescanning documents will not correct images, please do not report the images to the Image Problem Mailbox.





To: Deposit Account Branch			From:	Viana Daly			
				Intellectual Property	Administrator		
				Tel: 781 860 8469			
·				Fax: 781-860 1407			
Fax:	703 308 6778		Pages:	6 (including cover sh	eet)		
Phone:			Oate:	March 11, 2004			
Re:	Deposit Account 50-198	6	EC:				
□ Urge	ent 🗌 For Review	□ Please Com	nent	☐ Please Reply	□ Please Recycle		
• Comi	ments:						
Pharma \$320.00	ng to our February 2904 ity in USSN 10/211,028 ceuticals, Inc. is a small, which is the air erect and authorizations are	Docket No. C068/ entity. Marefore, a octween the total s	P) and 1 we response	0/082,544 (Docket Nectfully request that w	lo. C053/C2). Cubist		
Thank y	ou for your attention to th	s matter. Please o	entact m	e with any questions.			
CONFIL DISCLO INTEND	AX IS FOR THE SOLDENTIAL AND PRIVILE SED NOR SHOULD IT ED RECIPIENT, PLEAS AL MESSAGE. THANK	GED INFORMAT BE GIVEN OR C E CONTACT THE	ION. OPIED	ITS CONTENTS :	SHOULD NOT BE		
JSPTO D	lep AcdFAX(refundæq) 031	104.doc		·	÷		
35 Hayde	n Avenue, Lexington, MA. 0.	2421 P. 781	60.8660	F781-860-1407	www.cubist.com		

PTO:S9/28 (00-06)

Approved for use two gas 07/3/2006. Out 0831-0031

U.S. Polant and Tradespot Office; U.S. DEPARTMENT OF COMMERCE

TERMINAL DISCLAIMER TO OBVIATE A DOLLER BY DAYS A COMMERCE OF COMMERCE

TERMINAL DISCLAIMER TO OBVIATE A DOLLER BY DAYS A COMMERCE OF COM **REJECTION OVER A PRIOR PATENT** C053/C2 in to Application of: Frederick B. Oleson, Jr., et al. 10/082,544 Application No.: February 20, 2002 Fled: METHODS FOR ADMINISTRATION OF ANTIBIOTICS For: Cubist Pharmocuticals,

The owner. Do percent interest in the instant application hereby discisims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. 164 and 173, as presently shortened by any terminal disclaimer, of prior Palent No. 6, 468, 967.

The owner hereby agrees that any patent so granted on the instant application shall be enteresable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the Instent application and is binding upon the grantee. its successors or essions.

In making the above discloimer, the owner does not discloim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of the prior patent, se presently shortened by any terminal disclaimer, in the event that it later: expires for failure to pay a maintenance tee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily discistmed in whote or terminally discistmed under 37 CFR 1.321, has all claims canceled by a seexamination certificate, is released, or ie in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer.

Check either box 1 or 2 below, if appropriate.

1. Tor submissions on behalf of an organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wiltful false statements may jappendize the validity of the application or any partent issued themon.

2. The undersigned is an attorney or agent of record.

/13/2004 MAUSTIN 00000001 501986 10082544

FC:1814

110.00 DA

J. Douros

Typed or printed name

az ferav

781 860 8660

Telephone Number

Terminal disclaimer fee under 37 CFR 1.20(d) included.

WARNING: information on this form may become public. Credit card information should not included on this form. Provide credit card information and authorization on PTO-0838.

"Statement: under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner). Form PTO/SB/96 may be used for making this cartification. See MPEP § 324.

This collection of information is required by 97 CFR 1,321. The information is required to obtain or retain a bound by the public which is to tille (and by the USPTO 19 process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is authented to trice 12 minutes to complete. Including pathodrs, preparing, and authentiting the complete deplication form in the USPTO. Then will very depositing upon the including collection from the result of the preparing of the Chief Information Collection of the USPTO. Then will very depositing upon the including collection of the preparing of the Chief Information Collection of the USPTO. The value of the preparing of Commerce, P.O. then 1404, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND T : Commissioner for Pulsate, P.G. Box 1464, Alexandria, VA 22313-1450.

Wyou need accidings in completing the form, call 1-800-PTO-8100 and select appeal 2.

PAGE 5/16" RCVD AT 20/2004 4:34:34 PM Eastern Standard Time! "SYR-USPTO-EFXRF-1/2" DMS-27/2004" CSID-77/18/16566" DURATION firm-sci-03-42

Adjustment date: 03/30/2004, SDIRETA1 02/13/2004 HAUSTIH, 0000000 50/1985 01 FC: 10/00 CR

03/30/2004 SDIRETAI 00000003 501986 10082544

02 FC:2614

35.00 DA

PTO/SB/22 (10-00)

		U.S. Palant and Trademark (1	تا ۱۱۹ سطا	h 10/31/2002, OMB 0661-0031 EPARTMENT OF CONMERCE				
	Charles Sub-charles Act of 1986.	Manager Att Half at in Hayers to a collection of	Principal and	the Editations a world Child control resolute.				
PETITIO	FOR EXTENSION (OF TIME UNDER 37 CFR 1.136	X(2)	Docket Number (Optional) C053/Cz				
}		in re Application of Frederick B. Oleson, Jr., et	al.					
1		Application Number 10/082,544	Filed February 20, 2002					
		FOR METHODS FOR ADMINISTR	RATION O					
		Group Art Unit		Examiner .				
This is a	consect under the non-		4	Frank I. Chol				
This is a request under the provisions of 37 CFR 1.138(a) to extend the period for fiting a Reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):								
02	One month (37	CFR 1.17(a)(1))		3110,00				
0	Two months (3	7 CFR 1.1.7(a)(2))		S				
	Three months (37 CFR 1.1.7(a)(3))		\$				
0	Four months (3	7 CFR 1.1.7(a)(4))		\$				
G	Five months (3)	7 CFR 1.1.7(a)(5))		\$				
22	Applicant claims am	all entity status. See 37 CFR 1	.27. Then	efore, the fee				
	amount shown abov	to is reduced by one-half, and t	ne resultin	g fee is: \$ 55.00.				
_	C A check in the amount of the te englosed.							
n	Payment by credit of	ard. From PTO-2038 is attache	ed.					
o	The Commissioner	has already been authorized to	change fe	es in this application to a				
	Deposit Account.							
2 3	The Commissioner	s hereby authorized to charge a	eny fees, v	which may be required.				
	or credit any overpe	yment, to Deposit Account Num	ber <u>50-19</u>	86.				
	I have enclosed a d	uplicate copy of this sheet.		_				
I am the	D applicant/inve			i				
	assignee of re Stateme	cord of the entire interest. See ant under 37 CFR 3.73(b) is end	37 CFR 3).71. · http://se/96)				
	El attorney or a	gent of record.						
D attorney or agent under 37 CFR 1.34(a). Rogistrellon number if soling under 37 CFR 1.34(a)								
WARNING: Information on this form may become public. Credit bard information should not be included on this form. Provide credit card information and authorization on Pto 2008.								
Date Timpiter J. Douros								
	Typed or printed name							
NOTE: Signatures of all the inventors or easigness of record of the settin internal or their representative(s) are required. Submit multiple terms if more than one standard in (squired, use below.								
5200000000	DUMB 2 WHIS BY SE	ibmitted.						
	مغدا مأ أسلون ألغة غا خنفة الأدا	8.1 have because the law of one describes to	on the same of					

PAGE 2416 'RCVD AT 2020004 4:34:54 PM (Eastern Standard Time) 'SVR:USPTO-EFXRF-VZ' DNS:272000 'CSID:7718610566 'DURATION (non-es):03-42

Aujustment Date: 03/30/2004 SDIRETA1 02/15/2004 HAUSTIN 00000001 501986 10082544 01 FC: 1111

03/30/2004 SDIRETAI 00000003 501986 10082544

01 FC:2251

)2/12/2004 MAUSTIN

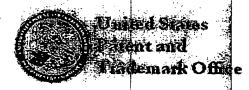
)1 FC:1251

Approved for use through 07/31/2006. OMB 0651-003: U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number								
		Complete if Known				SOLIDOI HUITIBEI		
FEE TRANSMITTA	\L	Application Number			10/082,544			
for FY 2004		Fille	Filing Date			February 20, 2002		
Effective 10/01/2003. Patent fees ere subject to annual revisit				entor	Frederick B. Oleson, Jr.			
	on.					Frank I. Choi		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit				1616		
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.			No	C053/C2		
METHOD OF PAYMENT (check all that apply)	T	FEE CALCULATION (continued)						
Check Credit card Money Other None	3. ADDITIONAL FEES							
P Deposit Account;	Large Entity Small Entity							
Deposit	Foe	Fee (\$)	Fec Code	Fos (\$)		Fee Description		
Account Number	1051				Surcha	orge - late filing fee or path	Fee Paid	
Deposit Account Cubist Pharmaceuticals	1052	50	2052	25	Surcha	arge - late provisional filing fee or		
Name The Director is authorized to: (check sil that apply)	1053	130	1053	130	COVCT:	sheet nglish specification		
Charge fee(s) indicated below Credit any overpayments		2,520				ng a request for ex perte reexamination		
Charge any additional (ce(s) or any underpayment of fee(s)	1804	920	1		Reque	sting publication of SIR prior to		
Charge fee(s) indicated below, except for the filing fee	1805	1,840	1805	1 840*		ner action sting publication of SIR after		
to the above-identified deposit account.	_	.,0.,0		,,040		ner action		
FEE CALCULATION	1251	110	2251	55		sion for reply within first month	55.80	
1. BASIC FILING FEE	1252	-		210		sion for reply within second month		
Large Entity Small Entity Fee Fee Foo Fee Fee Poscription Fee Paid	1253	950	2253	_		sion for reply within third month		
Code (5) Code (5)	•	1,480	2254	740		sion for reply within fourth month		
1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee		2,010	2255			ion for reply within lifth month		
	1401	330	2401			of Appeal		
1003 530 2003 265 Plant Illing fee 1004 770 2004 385 Reissue Illing fee	1402 1403	330 290	2402		_	brief in support of an appeal		
1005 160 2005 B0 Provisional filling (co		1,510	2403			R for oral hearing		
The state of the s	1452	110	2452			to institute a public use proceeding		
SUBTOTAL (1) (\$)	1453		2453			to revivo - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501		2501			to rovive - unintentional		
Extra Claims below Fee Paid	1502	480	2502			isue fee (or reissue) Issuc fee		
Total Claims 57 -20** = 37 x 9 = 333	1503	640	2503		Plant is	ļ.		
Independent 3 - 3** = 0 x 43 = 0 Multiple Dependent	1460	130	1460	130	Petition	s to the Commissioner		
 "	1807	50	1807	50	Process	aing fee under 37 CFR 1.17(q)		
Lorgo Entity Small Entity Feo Fee Feo Fee Description	1806	180	1808			sion of Information Disclosure Stmt		
Code (\$) Code (\$)	8021	40	8021	40	Recordi	ng each patent assignment per		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	propeny Filina a	(times number of properties) submission after final rejection		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim. If not paid	i	- 1	•	,	(37 CFF	(1.129(a))		
1203 290 2203 145 Multiple dependent claim, If not poid 1204 86 2204 43 "Reissue Independent claims	1610	770	2810	385	For éacl	n additional invention to be ed (37 CFR 1.129(b))	- 11	
over original patent	1801	770	2801			it for Continued Examination (RCE)		
1205 18 2205 9 Reissue claims in excess of 20	1802	900	1802	900	Reques	st for expedited examination		
and over original patent	Other 6	of a design application Other fee (specify)						
SUBTOTAL (2) (\$) 333.00 con number previously paid, if greater, For Relssucs, see above				ng Fe	Paid	CIPTOTAL CO. CO. CO.		
**Gr number previously paid, if greater, For Relssucs, see above Reduced by Basic Filing Fce Paid SUBTOTAL (3) (\$) 55.00								
	Ro	gistratio	on No			(Complete (if applicable))	$\overline{}$	
Name (Print/Type) Tim Thy J. Doups		omev/A		41,71	16	Telephone 781 860 8660		

WARNING: Instruction on this form may become public. Credit card Information should not be included off this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.





Deposit Account Statement

Requested Statement Month: Deposit Account Number:

Name:

Attention:

Address:

City:

State:

Zip:

February 2004

501986

CUBIST PHARMACEUTICALS, INC

TIMOTHY J DOUROS

65 HAYDEN AVE

LEXINGTON

MA

02421

POSTING ATTORNEY

DOCKET REF TXT NBR

CODE

AMT

BAL

02/02 99 10211028 C068/P

1252

\$420.00 \$4,679.00 \$ 210,00

02/12 1

10082544 CUB-TON 1251

\$110.00

\$4,569.00

02/13 1

DATE SEQ

10082544 CUB 1CON 1814

\$110.00 \$4,459.00

C053/C2

START SUM OF SUM OF END BALANCE CHARGES REPLENISH BALANCE

\$5,099.00 \$640.00

\$.00

\$4,459.00

Need Help? | Return to USPTO Home Page | Return to Office of Finance Home P.